



Northampton Council on Aging & Senior Center

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Health Questionnaire for Exercise Classes

This information is kept confidential. Only accessed by appropriate COA staff.

Today's date: _____

Name: _____ Tel: _____

Date of Birth: ____/____/____ Sex: **M** **F** I choose not to answer

Address: _____ City: _____ Zip: _____

Primary physician name and telephone #: _____

Emergency contact name and telephone #: _____

Please check any of the following conditions/ diseases you have or are currently being treated for:

Any item marked with a * needs to have medical clearance prior to class.

*Cardiac disease incl. heart attack	*Active cancer	Hearing difficulty
*Irregular heartbeat	Osteoporosis	Low vision/cataracts
*Recent stroke	Osteo/rheumatoid arthritis	
*Active hepatitis	Loss of balance	Poor memory
Diabetes	Is this condition controlled?	Yes *No
High blood pressure	Is this condition controlled?	Yes *No
Breathing issues (Including asthma, bronchitis, COPD)	Are these conditions controlled?	Yes *No

Have you ever experienced any of the following during physical activity?

Shortness of breath, tightness in chest, lightheadedness, heart palpitations,
shooting pain down arm, jaw pain, nausea? *Yes No

Do you carry medications with you? Yes No

If yes, what? _____

As of today, what is your general health status in regards to your participation in this program (i.e. surgeries, etc)?

This information is true and accurately provided to the best of my knowledge.

Signature: _____ Date: _____

Medical Clearance for Exercise

Patient name: _____ DOB: _____

Printed name: _____ Tel.: _____

Address: _____

The above named individual would like to participate in an exercise program designed to prevent and slow osteoporosis. The program will consist of strength training with light hand weights, light cardio respiratory conditioning, specific exercises for the improvement of balance and will be implemented in a positive and supportive group setting.

The program will be lead by instructor(s) with knowledge of safe and effective exercise for people ages 60+ who currently holds certification from a nationally recognized certifying exercise organization.

The participant is required to complete a medical history and health survey prior to participation in this exercise program.

Yes My patient, _____, has no current unstable medical issues that may contraindicate participation in this exercise program.

No My patient, _____, is not eligible to participate in this exercise program due to their current medical status.

Physician Signature: _____ Date: _____

Print Name: _____ Tel.: _____

Address _____



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Fitness Center

Participant's Agreement with the City of Northampton

I, _____, hereby acknowledge that the activities offered through the Northampton Council on Aging can be strenuous and have the capacity to exacerbate existing conditions, to cause injury or death. I hereby certify that I do not suffer from any condition which would preclude me from engaging in the activities of the Northampton Council on Aging and that my answers to the questions set forth are true, complete and accurate. I have been advised to seek the advice of my physician to ascertain whether or not I should participate in the programs offered by the Northampton Council on Aging, and to the extent that I have so inquired of my physician, I have been cleared to participate. In consideration of allowing me to participate in the programs offered by the Northampton Council on Aging, I hereby release and forever discharge the City of Northampton, its' employees, agents and officials of and from any liability for any personal injury or death that I may suffer arising out of my participation in a program. I further covenant that I shall not sue and that I shall not suffer or permit any suits on my behalf to be filed for any claims arising out of my participation in the programs offered by the Northampton Council on Aging. This agreement shall be binding on my heirs, assigns, executors, administrators, and other representatives.

Signature

Date

HLC 11.12.13